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# ***WORKERS' COMPENSATION TRAINING***

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# ***Introduction***

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- This training session will provide basic information concerning the Federal Employees Compensation Act (FECA)



# ***Injury Report Procedure***

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- Employee should immediately notify injury to Manager
- Report to Health Clinic (where available)
- Emergencies call 911 -
- Notify the RIA workers' compensation office and local safety office



# ***Participants***

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- Injured worker
- Supervisor
- Attending physician(s)
- Injury Compensation Program Administrator (ICPA -RIA comp office)
- Department of Labor, Office of Workers' Compensation (DOL, OWCP)



# ***Role of the***

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## ***Injured Worker***

- Observe all safety procedures
- Report all injuries promptly to supervisor, including all near misses
- Obtain medical treatment
- Provide evidence to support claim
- Inform physician about light duty
- Keep all parties informed of medical status
- Return to work as soon as medically capable



# ***Role of Supervisor***

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- Enforce all safety regulations
- Provide basic FECA information to employees
- Send injured worker to dispensary
- Promptly complete all forms
  - CA forms to CPAC within 2 workdays of receipt



## ***Role of Supervisor cont.***

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- Gather basic information about the claim - decide whether to controvert/challenge
- Ensure COP is reported accurately and completely to ICPA and payroll
- Make light duty available
- Maintain contact with injured worker



# ***Role of ICPA***

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## ***RIA compensation***

- Assist supervisor with form completion and controversion/challenges
- Insure all forms are properly completed prior to submission
- Advise injured worker on FECA benefits, entitlements and their responsibilities
- Answer questions regarding claim
- Assist injured worker and DOL, OWCP in obtaining additional information





# ***Role of DOL, OWCP***

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- Interpret the Federal Employees Compensation Act (FECA) and regulations
- Adjudicate claims
- Pay benefits
- Has *final decision* on all FECA issues



# ***DOL, OWCP***

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- Department of Labor, Office of Workers' Compensation Programs (DOL, OWCP)
- 12 District Offices
- Branch of Hearings and Review
- Employees' Compensation Appeals Board
- Exclusive remedy



# ***Types of Injury Claims***

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- First Aid
- Traumatic Injury
- Occupational Disease
- Recurrence



## ***First Aid***

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- No time is lost from work beyond the day of injury
- No outside medical expenses are incurred



## ***Traumatic Injury ...***

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A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a **single** day or work shift.



## ***Traumatic Injury cont.***

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- CA-1
- Employee's written notice/completed ASAP (within 30 days to be eligible for Continuation of Pay (COP))
- Supervisor complete backside. Forwards original to the (SOSRI-PC-WC) within 2 workdays of receipt
- Must be typewritten or written in ink



# ***Occupational Disease ...***

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An occupational disease is defined as a condition produced in the work environment over a period longer than one work day or shift. It may result from systemic infections, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.



# ***Occupational Disease***

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*cont.*

- CA-2 and appropriate CA-35 checklist
- Employee needs to provide detailed written statement as to cause of condition
- Supervisor reviews employee statements and provides comments – completes entire backside of CA-2
- No medical/wage benefits are payable until claim is accepted





# ***Occupational Disease***

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*cont.*

- COP is not an entitlement - will need to use sick/annual leave or LWOP and file for compensation
- Supervisor forwards all originals to RIA workers' compensation office within 2 days of receipt (SOSRI-PC-WC)
- Must be typewritten or written in ink



## ***Recurrence ...***

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A spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or a return of increase of disability due to a consequential injury.



## ***Recurrence cont.***

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- CA-2a
- Claimant must provide medical evidence supporting causal relationship between original condition and recurrence
- If beyond 45 COP days, must use sick/annual or LWOP and apply for compensation
- Must be typewritten or written in ink



# ***Requirements for Coverage***

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- Time
- Civil employee
- Fact of injury
- Performance of Duty
- Causal relationship



# ***Time Requirements***

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- Time begins to run:
  - Date of Injury/death or
  - On first awareness of work-related condition or
  - On the date of last exposure
- A claim must be filed within 3 years
  - written notice of actual knowledge within 30 days to be eligible for COP
  - exceptional circumstances



# ***Civil Employee***

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- Injured or deceased individual is an “employee” within the meaning of the law.



# ***Fact of Injury***

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- Must be established whether the employee in fact sustained an injury or disease.
- Two factors involved:
  - Occurrence of Event – whether the employee actually experienced the accident, event, or employment factor which is alleged to have occurred.
  - Medical condition – whether the accident or employment factor resulted in an injury or disease.



# ***Performance of Duty***

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- Must be determined whether the employee was in the performance of duty when the injury occurred.
  - On agency premises while performing assigned duties or engaging in an activity reasonably associated with employment.
  - Immediately outside building such as steps or sidewalks if they are Federally owned or maintained.
  - Parking facilities owned, controlled or managed by agency.





# ***Performance of Duty***

## ***cont.***

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- Outside working hours for a reasonable time (30 minutes) before and after working hours.
- Representational functions entitling them to official time.
  - Employees engages in internal business of a labor organization, such as soliciting new members or collecting dues are *not* covered.



# ***Performance of Duty***

## ***cont.***

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- Off-Premises Injuries who perform services away from the agency's premises – workers who are sent on errands or special missions and workers who perform services at home.
  - To and From work not covered unless agency furnishes transportation.
  - Lunch hour injuries occurring off premises are not covered unless in a travel status or performing regular duties off premises



# ***Performance of Duty***

## ***cont.***

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- Travel Status covered 24 hours a day for all *reasonable* incidents of their temporary duty.
  - Sightseeing trips in an assigned city would not be covered.
- Other factors determined on a case-by-case basis
  - Formal recreation which an employee is paid or required to perform.
  - Injury or death caused by assault of another person if established the assault was accidental and arose out of activity directly related to work or work environment.



# ***Causal Relationship***

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Establishment of a connection between the injury and the condition found. This factor is based entirely on medical evidence provided by physicians who have examined and treated the employee. Opinions of the employee, supervisor or witness are not considered, nor is general medical information contained in published articles.



# ***Continuation of Pay*** ***(COP)***

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- Employee must file CA-1 written notice for traumatic injury within 30 days of the date of injury
- Must have prima facie medical evidence of injury related disability
- May be entitled up to 45 Days
  - Used within 45 days from date of injury
  - Each day or part of day counts as 1 day
  - When COP is continuous, each weekend day /holiday counts as 1 day



# ***Continuation of Pay (COP)***

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- **COP** may be paid for lost elements such as night differential or premium pay – each day count toward 45 day entitlement
- COP is paid for time away from work to attend medical appointments within the 45 days or total disability with supporting medical



# ***Continuation of Pay (COP)***

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***cont.***

- COP may be terminated when:
  - Medical evidence is not provided within 10 calendar days
  - The employee is no longer disabled
  - The employee refuses a suitable light duty job offer
  - OWCP advises the agency that COP should be terminated



# ***Medical Benefit***

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- Report to clinic first (where available)
- Initial choice of treating physician
- Medical services, appliances or supplies necessary to treat a work related injury
- DOL, OWCP approval required for treatment beyond basic care except in emergency
- Preventative treatment excluded
- Limitations on chiropractic treatment





# ***Medical Benefits cont.***

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- OWCP approval needed for:
  - Medical services beyond the scope of basic care
    - Surgery (except for emergency)
    - diagnostic tests
    - physical therapy beyond 120 days
    - appliances
    - health club memberships
    - Attendant
  - Changes in treating physician (except for referrals)



# ***Bill Payment***

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- Physicians submit HCFA 1500 form for billing
  - Supporting medical documentation (dictation/office notes) must be included
- Hospitals submit form UB-92
- Prescriptions use Universal billing form
- Submitted within specific time frame



# ***Bill Pay Reimbursement***

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- Injured worker completed CA-915, copies of canceled checks, cash register receipts or other receipts of payments.
  - Prescriptions must include prescription tags attached to bag which includes the prescription name and workers' name
- Reimbursable Travel expenses - SF 1012 and 1012a travel voucher



# ***Monetary Claims***

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- Wage loss compensation (night differential, hazard pay)
- Leave buy back
- Loss of wage earning capacity (LWEC)
- Scheduled Award



# ***Wage Loss***

## ***Compensation***

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- Wage loss compensation when total disability continues beyond COP
- As soon as disability begins for accepted claim where COP is not an entitlement (occupational disease)
- Wage loss due to obtaining medical treatment beyond COP timeframe or when COP not entitlement



# ***Wage Loss***

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## ***Compensation*** ***cont.***

- File form CA-7 (include CA-7a for intermittent periods)
- File at end of each pay period loss of wages occur
- Need SF1199 Direct Deposit with initial CA-7
- Up front 3-day waiting period



# ***Wage Loss***

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## ***Compensation***

### ***Calculations***

- Pay-rate Dates
  - Date of Injury
  - Date disability began
  - Date of recurrence
- Compensation Rate
  - 66-2/3% single
  - 75% with dependents



# ***Leave buy back***

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- Sick or annual leave used due to disability or obtaining medical treatment
- Must have medical documentation to support leave used
- Leave accrual and TSP contributions affected
- File form CA-7, CA-7a and CA-7b





# ***Leave buy back***

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## ***cont.***

- Supervisor and DFAS must concur with dates and hours used.
- DFAS provides total cost to restore
- OWCP advises exact amount they will pay @ the 66-2/3% or 75% (tax free)
- *Employee repays balance* - Leave restored once paid in full



## ***Loss of Wage Earning Capacity (LWEC)***

- Formal decision by OWCP
- Partial disability
- Physically unable to earn same pay as date of injury job
- Compensation 66-2/3% or 75% of difference



# ***Schedule Award***

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- Permanent impairment of a schedule member
- Amount of compensation based on percentage loss
  - Not entitled for loss or impairment to back, heart or brain
- Must reach maximum medical improvement



## ***Schedule Award cont.***

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- Injured worker completes Form CA-7 and medical evidence
- Cannot receive concurrently with wage loss compensation for the same injury



# ***Permanent Restrictions***

- Once permanent restriction placed due to work related injury
  - Directorate determine if employee can be accommodated at current site, if not
  - CPAC search within the agency to find position that will accommodate



# ***Formal Decisions***

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- Entitlement decisions with appeal rights
  - Denial of claim
  - Denial of COP
  - Denial of wage loss compensation
  - Schedule Award
  - Loss of wage earning capacity
  - Approval of representative's fee
  - Overpayment decisions



# ***Appeal Rights***

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- Reconsideration
- Oral Hearing
- Review of the written record
- Appeal



# ***Reconsideration***

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- Filed with local district office
- Case reconsidered by a senior level examiner not previously involved
- Written request within 1 year of the formal decision date
- Request must include new argument and/or evidence





# *Oral Hearing*

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- Filed with Branch of Hearings and Review, Washington DC
- Informal hearing of oral testimony and written evidence
- Representative may be present
- May not have already had a reconsideration
- Written request within 30 days of decision date
- Own leave used to attend



# ***Oral Hearing - Agency Participation***

- Agency representative may attend in an observation status only
- Agency has 20 days to comment on hearing transcript



# ***Review of the Written Record***

- Filed with Branch of Hearings and Review, Washington DC
- Review of file and any new written evidence
- May not have already requested reconsideration
- Written request *and new evidence* within 30 days of decision date



# *Appeal*

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- Filed with Appeals Board, Washington DC
- Review of existing record only
- Written request within 90 days of decision date



# ***Responsibilities***

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- RIA Compensation office has no authority to authorize payment of bills, medical treatment, change of physicians, surgery.
- RIA Compensation Office does not adjudicate (approve or disapprove) claims



## ***Responsibilities cont.***

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- Employees responsibility to provide appropriate medical documentation to support their claim and the need for compensation
- Employees responsibility to notify the RIA compensation office if bills are not being paid after 60 days



## ***Responsibilities cont.***

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- Employees responsibility to notify the RIA compensation office when they have been in a COP status for 30 days
- Employees responsibility to initiate claim for scheduled award if applicable
- Employees responsibility to notify the RIA compensation office prior to any surgery (other than emergency)



## ***Responsibilities cont.***

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- Employees responsibility to notify their supervisor whether they are electing to use sick/annual leave or LWOP/COMP and the effective date
- Employees responsibility to respond to queries from the Office of Workers' Compensation Programs (OWCP) within the time frame specified





# ***References***

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- RIA CPAC Web page

<http://ri-app->

[nt2.ria.army.mil/cpac/riawc.htm](http://ri-app-nt2.ria.army.mil/cpac/riawc.htm)

- Department of Labor home page

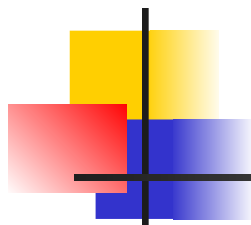
[www.dol.gov](http://www.dol.gov)



# *References*

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- RIAR 690-17
- 5 USC 8101 et seq.
- 20 CFR parts 10 and 25
- CA-810, Injury Compensation for Federal Employees
- DoD Civilian Personnel Manual, Subchapter 8 and Subchapter 810



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# ***Questions?***

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